



118362



**POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT**

**I. IDENTIFICATION**

01 STATE NJ	02 SITE NUMBER NJD002173151
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**II. SITE NAME AND LOCATION**

01 SITE NAME (Legal, common, or descriptive name of site) American Cyanamid		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Cutters Dock Road			
03 CITY Woodbridge	04 STATE NJ	05 ZIP CODE 07095	06 COUNTY Middlesex	07 COUNTY CODE 023	08 CONG DIST 15
09 COORDINATES LATITUDE 40 32 37 . N		LONGITUDE 074 . 16 18 . W			

**10 DIRECTIONS TO SITE (Starting from nearest public road)**

From Route 440, take Amboy Avenue in Perth Amboy about 1 mile north. Make right at Cutters Dock Rd. Follow road across railroad tracks. Plant is on south side of road.

**III. RESPONSIBLE PARTIES**

01 OWNER (If known) American Cyanamid		02 STREET (Business, mailing, residential) Cutters Dock Road	
03 CITY Woodbridge	04 STATE NJ	05 ZIP CODE 07095	06 TELEPHONE NUMBER (201) 634-3800
07 OPERATOR (If known and different from owner) American Cyanamid		08 STREET (Business, mailing, residential) Cutters Dock Road	
09 CITY Woodbridge	10 STATE NJ	11 ZIP CODE 07095	12 TELEPHONE NUMBER (201) 634-3800
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			

**14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)**

☐ A. RCRA 3001 DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_   ☒ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 6 / 8 / 81   ☐ C. NONE  
 MONTH DAY YEAR   MONTH DAY YEAR

**IV. CHARACTERIZATION OF POTENTIAL HAZARD**

01 ON SITE INSPECTION <input type="checkbox"/> YES   DATE ____/____/____ <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
		CONTRACTOR NAME(S): _____	

02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION 1955   1970 BEGINNING YEAR   ENDING YEAR	<input type="checkbox"/> UNKNOWN
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**04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED**

Floor sweepings from vanadium pentoxide catalyst production were disposed in landfill and covered with earth.

**05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION**

There is potential of the vanadium pentoxide contaminating ground water and surface water as well as potential airborne contaminants.

**V. PRIORITY ASSESSMENT**

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly)	<input checked="" type="checkbox"/> B. MEDIUM (Inspection required)	<input type="checkbox"/> C. LOW (Inspect on time available basis)	<input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)

**VI. INFORMATION AVAILABLE FROM**

01 CONTACT Mark Haulenbeek	02 OF (Agency/Organization) US EPA Region II	03 TELEPHONE NUMBER (201) 321-6685
04 PERSON RESPONSIBLE FOR ASSESSMENT Joseph W. Logan	05 AGENCY	06 ORGANIZATION NUS Corp FIT II
	07 TELEPHONE NUMBER (201) 225-6160	08 DATE 4 / 28 / 84 MONTH DAY YEAR